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Atty Docket No. 02307E-092610US

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PTO FAX NO.: 703-308-4242

ATTENTION: Examiner Bridget Bunner
TELEPHONE NO.: 703-305-7148

Group Art Unit 1647

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OFFICIAL COMMUNICATION

FOR THE PERSONAL ATTENTION OF

EXAMINER Bridget Bunner

CERTIFICATION OF FACSIMILE TRANSMISSION

I hereby certify that the following documents in re Application of Zuker, Application No. 09/492,028, filed January 26, 2000 for ASSAYS FOR SENSORY MODULATORS USING A SENSORY CELL SPECIFIC G-PROTEIN ALPHA SUBUNIT is being facsimile transmitted to the Patent and Trademark Office on the date shown below.

Documents Attached

1. Transmittal Form;
2. Response to Office Communication

Number of pages being transmitted, including this page: 8

Dated: December 5, 2001


Annette S. Parent

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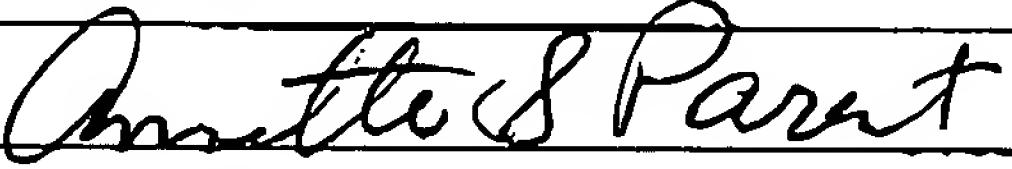
(to be used for all correspondence after initial filing)

TRANSMITTAL FORM		Application Number	09/492,028
		Filing Date	January 26, 2000
		First Named Inventor	Zuker, Charles S.
		Group Art Unit	1647
		Examiner Name	Bridget Bunner
Total Number of Pages in This Submission	1	Attorney Docket Number	02307E-092610US

ENCLOSURES (check all that apply)

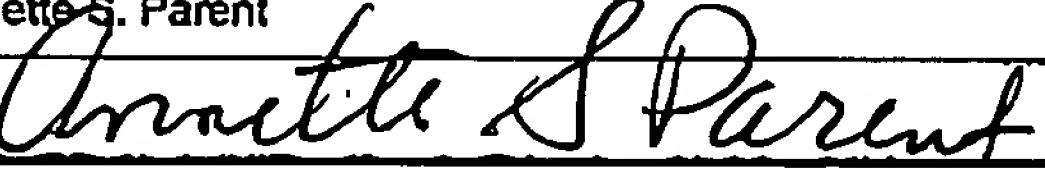
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<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
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<input type="checkbox"/> After Final	<input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s)	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		
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Remarks		The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm and Individual name	Townsend and Townsend and Crew LLP Annette S. Parent	
	Reg. No. 42,058	
Signature		
Date	December 5, 2001	

CERTIFICATE OF MAILING

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On December 5, 2001

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By: Annette S. Parent

PATENT
Attorney Docket No.: 02307E-092610US

#5
AP

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

ZUKER

Application No.: 09/492,028

Filed: January 26, 2000

For: ASSAYS FOR SENSORY
MODULATORS USING A SENSORY
CELL SPECIFIC G-PROTEIN ALPHA
SUBUNIT

Examiner: B. Bunner

Art Unit: 1647

REQUEST FOR RECONSIDERATION

Assistant Commissioner for Patents
Washington, D.C. 20231

Sir:

In response to the Office Communication mailed November 5, 2001, Applicants respectfully request reconsideration of the above-referenced patent application in view of the remarks.

REMARKS

Claims 1-4 and 6-8 are pending in the application and have been examined. The rejections are addressed below in the order raised by the November 5, 2001 Office Communication. All pending claims are provided in Appendix A for the Examiner's convenience.